

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Mary Bono Mack Committee

ADDRESS (number and street)
▼

PO Box 3370

☐Check if different
than previously
reported. (ACC)

Palm Springs

CA

92263

3370

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00332890

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

CA

45

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William T. Powers

Signature of Treasurer

Electronically Filed by William T. Powers

Date

0 1

2 8

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Mary Bono Mack Committee

Report Covering the Period:

From:

M M
1 1D D
2 5Y Y Y Y
2 0 0 8

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	645.00	12622.11
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	645.00	12622.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	75490.86	91690.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	15000.00	15000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	60490.86	76690.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	302507.35	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Mary Bono Mack Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

500.00

8123.00

(ii) Unitemized.....

145.00

499.11

(iii) TOTAL of contributions
from individuals..... ▶

645.00

8622.11

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACS).....

0.00

4000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

645.00

12622.11

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

15000.00

15000.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

679.93

679.93

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

16324.93

28302.04

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	75490.86	91690.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ➤	75490.86	91690.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	361673.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	16324.93
25. SUBTOTAL (add Line 23 and Line 24).....	377998.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	75490.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	302507.35

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)

Donald A. Driftmier

Mailing Address 3130 Inland Empire Boulevard
Suite C

City	State	Zip Code
Ontario	CA	91764-6570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Noble House EntertainmentOccupation
Chief Financial Officer
 Receipt For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
 General 2008

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	0	8

Transaction ID: A-C19586

Amount of Each Receipt this Period

500.00

Postmarked 11/4/2008

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)

Sabrina Garcia

Mailing Address 80607 Tangelo Court

City

Indio

State

CA

Zip Code

92201-8494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Parish Office

Occupation
Fundraiser

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
General 2008

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: A-O19622

Amount of Each Receipt this Period

5000.00

Refund- Excess Payment

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Williams & Jensen, PLLC

Mailing Address 1155 21st Street
Suite 300

City

Washington

State

DC

Zip Code

20036-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
General 2008

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: A-O19621

Amount of Each Receipt this Period

10000.00

Refund- Excess Payment

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 7235 Wisconsin Avenue

City

Bethesda

State

MD

Zip Code

20814-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼
 General 2008

Election Cycle-to-Date ▼

658.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	0	8

Transaction ID: A-M19570

Amount of Each Receipt this Period

301.62

Interest Income

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 7235 Wisconsin Avenue

City

Bethesda

State

MD

Zip Code

20814-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

658.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: A-M19618

Amount of Each Receipt this Period

356.56

Interest Income

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

658.18

TOTAL This Period (last page this line number only)

658.18

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address PO Box 4482	Transaction ID: B-E-19569 Date of Disbursement <div> <div>11</div> <div>26</div> <div>2008</div> </div>
City Carol Stream State IL Zip Code 60197-4482 Purpose of Disbursement SEE MEMO ITEMS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>5064.77</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
B. Full Name (Last, First, Middle Initial) Jon-Marc Blalock Mailing Address PO Box 2551 City Palm Desert State CA Zip Code 92261-2551 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-722 Date of Disbursement <div>11</div> <div>26</div> <div>2008</div> Amount of Each Disbursement this Period <div>2184.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Paychex- (11/26/08)
C. Full Name (Last, First, Middle Initial) Jon-Marc Blalock Mailing Address PO Box 2551 City Palm Desert State CA Zip Code 92261-2551 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-723 Date of Disbursement <div>11</div> <div>26</div> <div>2008</div> Amount of Each Disbursement this Period <div>2879.78</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Paychex- (11/26/08)

SUBTOTAL of Disbursements This Page (optional)

5064.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address PO Box 4482</p> <p>City Carol Stream State IL Zip Code 60197-4482</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-19568 Date of Disbursement <div> <div>11</div> <div>28</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>4551.15</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Marc Troast</p> <p>Mailing Address 15668 Sage Court</p> <p>City Moreno Valley State CA Zip Code 92555-2934</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-19579 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3227.42</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Marc Troast</p> <p>Mailing Address 15668 Sage Court</p> <p>City Moreno Valley State CA Zip Code 92555-2934</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-19581 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3347.76</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

11126.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A. Full Name (Last, First, Middle Initial) Hummel Distribution Corporation	Transaction ID: B-E-19563 Date of Disbursement
Mailing Address 850 Springfield Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 8</div> </div>
City Union State NJ Zip Code 07083	Amount of Each Disbursement this Period
Purpose of Disbursement Printing Candidate Name <div>003 Category/Type</div>	<div>3326.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Mike Fresquez	Transaction ID: B-E-19562 Date of Disbursement
Mailing Address 4550 Laurel Canyon Blvd Apartment 107	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 8</div> </div>
City Valley VLG State CA Zip Code 91607	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Consulting Candidate Name <div>003 Category/Type</div>	<div>2229.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Associates, Inc.	Transaction ID: B-E-19573 Date of Disbursement
Mailing Address 16 N Astor Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 2 / 2 0 0 8</div> </div>
City Irvington State NY Zip Code 10533-1522	Amount of Each Disbursement this Period
Purpose of Disbursement SEE MEMO ITEMS Candidate Name <div>003 Category/Type</div>	<div>3577.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional)

9133.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 / 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Bono Mack Committee

A. Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Associates, Inc.

Mailing Address 16 N Astor Street

City Irvington State NY Zip Code 10533-1522

Purpose of Disbursement

Airfare

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-724

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	8

Amount of Each Disbursement this Period

356.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Arthur
J. Finkelstein & Associat-
es, Inc.(12/02/08)**B.** Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Associates, Inc.

Mailing Address 16 N Astor Street

City Irvington State NY Zip Code 10533-1522

Purpose of Disbursement

Lodging

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-725

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	8

Amount of Each Disbursement this Period

131.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Arthur
J. Finkelstein & Associat-
es, Inc.(12/02/08)**C.** Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Associates, Inc.

Mailing Address 16 N Astor Street

City Irvington State NY Zip Code 10533-1522

Purpose of Disbursement

Transportation

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-726

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	8

Amount of Each Disbursement this Period

89.43

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Arthur
J. Finkelstein & Associat-
es, Inc.(12/02/08)

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 / 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)

Arthur J. Finkelstein & Associates, Inc.

Mailing Address 16 N Astor Street

City
IrvingtonState
NYZip Code
10533-1522Purpose of Disbursement
Fundraising Consulting

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-727

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	8

Amount of Each Disbursement this Period

3000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]Subitemization of Arthur
J. Finkelstein & Associat-
es, Inc. (12/02/08)**B.**

Full Name (Last, First, Middle Initial)

Jivaldi, LLC

Mailing Address 707 Mount Errigal Plaza

City
LincolnState
CAZip Code
95648Purpose of Disbursement
Website Development

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19571

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	8

Amount of Each Disbursement this Period

725.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
C.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 9622

City
Mission HillsState
CAZip Code
91346-9622Purpose of Disbursement
Cellular Phone Service

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19572

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	8

Amount of Each Disbursement this Period

467.06

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1192.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A. Full Name (Last, First, Middle Initial) Marc Troast Mailing Address 15668 Sage Court	Transaction ID: B-E-19580 Date of Disbursement <div> <div>12</div> <div>03</div> <div>2008</div> </div>
City Moreno Valley State CA Zip Code 92555-2934 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2116.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Paychex Mailing Address PO Box 4482 City Carol Stream State IL Zip Code 60197-4482 Purpose of Disbursement SEE MEMO ITEM Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-19582 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>3305.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
C. Full Name (Last, First, Middle Initial) UPS Mailing Address P.O. Box 894820 City Los Angeles State CA Zip Code 90189 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-19583 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>22.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5444.51

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 / 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)

Frank Cullen, Jr.

Mailing Address 100 Yeonas Circle SE

City
ViennaState
VAZip Code
22180-6554

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-728

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	8

Amount of Each Disbursement this Period

3305.65

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]Subitemization of Paychex-
(12/05/08)**B.**

Full Name (Last, First, Middle Initial)

Mike Fresquez

Mailing Address 4550 Laurel Canyon Blvd
Apartment 107City
Valley VLGState
CAZip Code
91607

Purpose of Disbursement

Fundraising Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19587

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	8

Amount of Each Disbursement this Period

690.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
C.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address PO Box 4482

City
Carol StreamState
ILZip Code
60197-4482

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19585

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	8

Amount of Each Disbursement this Period

860.46

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1550.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Janet Bain Company</p> <p>Mailing Address 1333 New Hampshire Avenue, NW Suite 424</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-19588</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6956.01"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Janet Bain Company</p> <p>Mailing Address 1333 New Hampshire Avenue, NW Suite 424</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-19589</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Janet Bain Company</p> <p>Mailing Address 1333 New Hampshire Avenue, NW Suite 424</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-19590</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

10956.01

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address PO Box 4482

City
Carol StreamState
ILZip Code
60197-4482

Purpose of Disbursement

Payroll Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19599

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	8

Amount of Each Disbursement this Period

180.32

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
B.

Full Name (Last, First, Middle Initial)

Jamestown Associates

Mailing Address 5 Mapleton Road
Suite 300City
PrincetonState
NJZip Code
08540-9614

Purpose of Disbursement

Campaign Mementos

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19593

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	8

Amount of Each Disbursement this Period

5849.85

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
C.

Full Name (Last, First, Middle Initial)

Time Warner Cable

Mailing Address PO Box 60506

City
City Of IndustryState
CAZip Code
91716-0506

Purpose of Disbursement

Internet Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19596

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	8

Amount of Each Disbursement this Period

150.89

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6181.06

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 / 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address P.O. Box 894820

City State Zip Code
Los Angeles CA 90189Purpose of Disbursement
Express Mail

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19594

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	8

Amount of Each Disbursement this Period

40.72

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 9688

City State Zip Code
Mission Hills CA 91346Purpose of Disbursement
Telephone Service

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19597

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	8

Amount of Each Disbursement this Period

407.47

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

GE Capital

Mailing Address P.O. Box 31001

City State Zip Code
Pasadena CA 91110Purpose of Disbursement
Copier Rental

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19601

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	0	8

Amount of Each Disbursement this Period

1860.84

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2309.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)
Paychex

Mailing Address PO Box 4482

City State Zip Code
Carol Stream IL 60197-4482

Purpose of Disbursement
SEE MEMO ITEM

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19603

Date of Disbursement

12 / 16 / 2008

Amount of Each Disbursement this Period

3281.33

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Original vendors exceeding
reporting threshold itemi-
zed as memo transactions.

B.

Full Name (Last, First, Middle Initial)
Christopher A. Foster

Mailing Address 400 Massachusetts Avenue NW

City State Zip Code
Washington DC 20001-6800

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-748

Date of Disbursement

12 / 16 / 2008

Amount of Each Disbursement this Period

1626.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Paychex-
(12/16/08)

C.

Full Name (Last, First, Middle Initial)
Jennifer A. May

Mailing Address 1000 22nd Street NW
Apt. 4

City State Zip Code
Washington DC 20037-1833

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-749

Date of Disbursement

12 / 16 / 2008

Amount of Each Disbursement this Period

1654.83

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Paychex-
(12/16/08)

SUBTOTAL of Disbursements This Page (optional)

3281.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)
Campaign Financial Services

Mailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bookkeeping Consulting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19605

Date of Disbursement

12 / 17 / 2008

Amount of Each Disbursement this Period

2610.04

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Paychex

Mailing Address PO Box 4482

City Carol Stream State IL Zip Code 60197-4482

Purpose of Disbursement
Payroll Taxes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19606

Date of Disbursement

12 / 17 / 2008

Amount of Each Disbursement this Period

895.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address 78982 Highway 111
Suite 1A

City La Quinta State CA Zip Code 92253-8845

Purpose of Disbursement
Telephone Service

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-733

Date of Disbursement

12 / 23 / 2008

Amount of Each Disbursement this Period

132.98

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Business Card(12/23/08)

SUBTOTAL of Disbursements This Page (optional)

3505.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 60017</p> <p>City Los Angeles State CA Zip Code 90060</p> <p>Purpose of Disbursement Cellular Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-19609</p> <p>Date of Disbursement 12 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 463.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 60017</p> <p>City Los Angeles State CA Zip Code 90060</p> <p>Purpose of Disbursement Cellular Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-19611</p> <p>Date of Disbursement 12 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 207.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Art & Frame</p> <p>Mailing Address 623 Pennsylvania Avenue SE Suite 623</p> <p>City Washington State DC Zip Code 20003-4386</p> <p>Purpose of Disbursement General Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-S-743</p> <p>Date of Disbursement 12 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 332.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Visa Bu- siness Card(12/23/08)</p>

SUBTOTAL of Disbursements This Page (optional)

670.80

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee**A.**

Full Name (Last, First, Middle Initial)

Frontier Airlines

Mailing Address 7001 Tower Road

City State Zip Code
Denver CO 80249Purpose of Disbursement
Airfare

Candidate Name

002
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-744

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	8

Amount of Each Disbursement this Period

552.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Visa Bu-
siness Card(12/23/08)**B.**

Full Name (Last, First, Middle Initial)

Indian Canyons Resort

Mailing Address 1097 E Murray Canyon Drive

City State Zip Code
Palm Springs CA 92264-4009Purpose of Disbursement
Lodging

Candidate Name

002
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-738

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	8

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Visa Bu-
siness Card(12/23/08)**C.**

Full Name (Last, First, Middle Initial)

Janet Bain Company

Mailing Address 1333 New Hampshire Avenue, NW
Suite 424City State Zip Code
Washington DC 20036Purpose of Disbursement
Fundraising Consulting

Candidate Name

003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-19608

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	8

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A.	Transaction ID: B-S-734 Date of Disbursement																				
Full Name (Last, First, Middle Initial) Rosetta Stone Mailing Address 135 W Market Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	0	8												
City Harrisonburg State VA Zip Code 22801-3710 Purpose of Disbursement Software Service Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>1</td><td>8</td><td>.</td><td>8</td><td>0</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	5	1	8	.	8	0														
5	1	8	.	8	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Visa Business Card(12/23/08)																				
B.	Transaction ID: B-S-735 Date of Disbursement																				
Full Name (Last, First, Middle Initial) United Airlines Mailing Address PO Box 66423	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	0	8												
City Chicago State IL Zip Code 60666-0423 Purpose of Disbursement Airfare Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>2</td><td>6</td><td>.</td><td>4</td><td>0</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	1	2	6	.	4	0														
1	2	6	.	4	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Visa Business Card(12/23/08)																				
C.	Transaction ID: B-S-740 Date of Disbursement																				
Full Name (Last, First, Middle Initial) United Airlines Mailing Address PO Box 66423	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	0	8												
City Chicago State IL Zip Code 60666-0423 Purpose of Disbursement Airfare Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>7</td><td>1</td><td>.</td><td>5</td><td>1</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	7	7	1	.	5	1														
7	7	1	.	5	1																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Visa Business Card(12/23/08)																				
SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>0</td><td>0</td><td>0</td> </tr> </table>	0	0	0																	
0	0	0																			
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address PO Box 66423</p> <p>City Chicago State IL Zip Code 60666-0423</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-747</p> <p>Date of Disbursement <div> <div>12</div> <div>23</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>771.51</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Visa Business Card(12/23/08)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address P.O. Box 894820</p> <p>City Los Angeles State CA Zip Code 90189</p> <p>Purpose of Disbursement Express Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-19610</p> <p>Date of Disbursement <div> <div>12</div> <div>23</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>66.42</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Visa Business Card</p> <p>Mailing Address P.O. Box 15710</p> <p>City Wilmington State DE Zip Code 19886</p> <p>Purpose of Disbursement SEE MEMO ITEMS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-19607</p> <p>Date of Disbursement <div> <div>12</div> <div>23</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>4792.78</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

SUBTOTAL of Disbursements This Page (optional)

4859.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address PO Box 4482	Transaction ID: B-E-19617 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 0 8</div> </div>
City Carol Stream State IL Zip Code 60197-4482 Purpose of Disbursement SEE MEMO ITEM Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1147.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
B. Full Name (Last, First, Middle Initial) Jon-Marc Blalock Mailing Address PO Box 2551 City Palm Desert State CA Zip Code 92261-2551 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-730 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1147.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Paychex- (12/30/08)
C. Full Name (Last, First, Middle Initial) Bellwether Consulting Group Mailing Address 1111 19th Street Suite 1150 City Washington State DC Zip Code 20036 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-19556 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>6000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7147.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address PO Box 4482

City
Carol Stream

State
IL

Zip Code
60197-4482

Purpose of Disbursement

Payroll Taxes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B-E-19616

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

539.76

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

539.76

TOTAL This Period (last page this line number only)

74962.18

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 / 26

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Bellwether Consulting Group

Nature of Debt (Purpose):
Fundraising: Fundraising
Consulting

Mailing Address 1111 19th Street
Suite 1150

City State ZIP Code
Washington DC 20036

Outstanding Balance Beginning This Period

6000.00

Transaction ID: SD10-DEBT19556

Amount Incurred This Period

0.00

Payment This Period

6000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00